## Location of Construction: Owner: Phone: Permit No: \*JTS LLC 99011 502 Woodford St 775-2252 Lessee/Buyer's Name: Owner Address: BusinessName: Phone: 111 Commercial St Pt1d 04101 Barry Kahn Permit Issued: Contractor Name: Address: Phone: FEB | 2 1999 **COST OF WORK:** Past Use: Proposed Use: **PERMIT FEE:** Retail/Professional \$ 2,500 \$ Same 35.00 **CITY** OF PORT FIRE DEPT. Approved **INSPECTION:** Use Group: MOType: 3. □ Denied Zone: CBL: A oc A 96 184-D-015 R-·JHMI Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P 01/WILL Action: Approved Special Zone or Approved with Conditions: □ Shoreland Interior Renovations 21 Denied □ Wetland □ Flood Zone Signature: Date: □ Subdivision Site Plan maj Ominor Omm O Permit Taken By: Date Applied For: SP February 5, 1999 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use □ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work.. Denied **Historic Preservation** WITH REQUIREMENTS Divot in District or Landmark Does Not Require Review □ Requires Review Action: CERTIFICATION Devodd I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been □ Approved with Conditions Denied authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit February 8, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 3 PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** TR/MV CEO DISTRICT White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716